FOR BHF USE

LL1

2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038356

Facility Name: Heritage Manor-Mendota

Address: 1201 First Avenue (Number) Mendota (City) 61342 (Zip Code)

County: LaSalle

Telephone Number: (815) 539-6745 **Fax #** ( )

HFS ID Number: 370909086005

Date of Initial License for Current Owners: 1964

Type of Ownership:

	VOLUNTARY,NON-PROFIT	xx	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		xx	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Craig Ater **Telephone Number:** (309)823-7135

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Craig L. Ater

(Title) Senior V.P. & CFO

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	99	Skilled (SNF)	99	36,135	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	18,363	7,793	2,813	28,969	8
9	SNF/PED			0		9
10	ICF					10
11	ICF/DD					11
12	SC	0	0	0		12
13	DD 16 OR LESS					13
14	TOTALS	18,363	7,793	2,813	28,969	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.17%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [xx]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [xx]

I. On what date did you start providing long term care at this location?
Date started 1964

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [xx]

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified _____ and days of care provided 2,813

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	178,258	18,057		196,315		196,315	4,370	200,685			1
2	Food Purchase		145,380		145,380		145,380		145,380			2
3	Housekeeping	80,256	18,582		98,838		98,838	5	98,843			3
4	Laundry	51,435	18,543		69,978		69,978		69,978			4
5	Heat and Other Utilities			85,510	85,510		85,510	1,379	86,889			5
6	Maintenance	60,930	27,557	33,928	122,415		122,415	11,558	133,973			6
7	Other (specify):*											7
8	TOTAL General Services	370,879	228,119	119,438	718,436		718,436	17,312	735,748			8
	B. Health Care and Programs											
9	Medical Director			8,400	8,400		8,400		8,400			9
10	Nursing and Medical Records	1,307,865	102,234	25,483	1,435,582		1,435,582		1,435,582			10
10a	Therapy		197,703	325,642	523,345	(413,335)	110,010	177,075	287,085			10a
11	Activities	75,783	4,818		80,601		80,601		80,601			11
12	Social Services	41,139	150	773	42,062		42,062		42,062			12
13	CNA Training	899			899		899	1,553	2,452			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,425,686	304,905	360,298	2,090,889	(413,335)	1,677,554	178,628	1,856,182			16
	C. General Administration											
17	Administrative	78,295			78,295		78,295	66,996	145,291			17
18	Directors Fees							4,974	4,974			18
19	Professional Services			253,541	253,541		253,541	(239,722)	13,819			19
20	Dues, Fees, Subscriptions & Promotions			101,950	101,950	(54,202)	47,748	(27,078)	20,670			20
21	Clerical & General Office Expenses	134,820	7,916	24,278	167,014		167,014	138,286	305,300			21
22	Employee Benefits & Payroll Taxes			422,938	422,938		422,938	35,993	458,931			22
23	Inservice Training & Education			1,892	1,892		1,892	107	1,999			23
24	Travel and Seminar			10,449	10,449		10,449	(8,450)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			65,779	65,779		65,779	1,765	67,544			26
27	Other (specify):*			1,185	1,185		1,185	(1,185)				27
28	TOTAL General Administration	213,115	7,916	882,012	1,103,043	(54,202)	1,048,841	(28,314)	1,020,527			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,009,680	540,940	1,361,748	3,912,368	(467,537)	3,444,831	167,626	3,612,457			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Manor-Mendota #0038356 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			121,214	121,214		121,214	11,728	132,942			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			111,666	111,666		111,666	20,411	132,077			32
33	Real Estate Taxes			32,066	32,066		32,066		32,066			33
34	Rent-Facility & Grounds							5,651	5,651			34
35	Rent-Equipment & Vehicles			202	202		202	1,889	2,091			35
36	Other (specify):*											36
37	**TOTAL Ownership**			265,148	265,148		265,148	39,679	304,827			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					413,335	413,335		413,335			39
40	Barber and Beauty Shops		493	5,452	5,945		5,945		5,945			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					54,202	54,202		54,202			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		493	5,452	5,945	467,537	473,482		473,482			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,009,680	541,433	1,632,348	4,183,461		4,183,461	207,305	4,390,766			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	369	35		5
6	Rented Facility Space	(406)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income	(7)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)		24		16
17	Non-Care Related Fees	(1,119)	20		17
18	Fines and Penalties				18
19	Entertainment	(17,668)	24		19
20	Contributions	(185)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,425)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,000)	27		24
25	Fund Raising, Advertising and Promotional	(30,165)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,058)	23		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (57,664)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	264,969		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 264,969		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 207,305		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Heritage Manor-Mendota

ID# 0038356

Report Period Beginning: 01/01/05

Ending: 12/31/05

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5		369	35	5
6		(406)	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(1,119)	20	17
18				18
19			24	19
20		(185)	27	20
21				21
22		(6,425)	19	22
23				23
24		(1,000)	27	24
25		(30,165)	20	25
26				26
27				27
28				28
29		(1,058)	23	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(39,989)		49

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Heritage Manor-Mendota **#** 0038356 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	4,370	0	0	0	0	0	0	0	0	4,370	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	5	0	0	0	0	0	0	0	0	5	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,379	0	0	0	0	0	0	0	0	1,379	5
6	Maintenance	0	0	11,558	0	0	0	0	0	0	0	0	11,558	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	17,312	0	0	0	0	0	0	0	0	17,312	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	177,075	0	0	0	0	0	0	0	0	0	177,075	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,553	0	0	0	0	0	0	0	0	1,553	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	177,075	1,553	0	0	0	0	0	0	0	0	178,628	16
	C. General Administration													
17	Administrative	0	0	66,996	0	0	0	0	0	0	0	0	66,996	17
18	Directors Fees	0	0	4,974	0	0	0	0	0	0	0	0	4,974	18
19	Professional Services	(6,425)	(247,116)	13,819	0	0	0	0	0	0	0	0	(239,722)	19
20	Fees, Subscriptions & Promotions	(31,284)	0	4,206	0	0	0	0	0	0	0	0	(27,078)	20
21	Clerical & General Office Expenses	0	0	138,286	0	0	0	0	0	0	0	0	138,286	21
22	Employee Benefits & Payroll Taxes	0	0	35,993	0	0	0	0	0	0	0	0	35,993	22
23	Inservice Training & Education	(1,058)	0	1,165	0	0	0	0	0	0	0	0	107	23
24	Travel and Seminar	(17,668)	0	9,218	0	0	0	0	0	0	0	0	(8,450)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,765	0	0	0	0	0	0	0	0	1,765	26
27	Other (specify):*	(1,185)	0	0	0	0	0	0	0	0	0	0	(1,185)	27
28	**TOTAL General Administration**	(57,620)	(247,116)	276,422	0	0	0	0	0	0	0	0	(28,314)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(57,620)	(70,041)	295,287	0	0	0	0	0	0	0	0	167,626	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Heritage Manor-Mendota **#** 0038356 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	0	0	0	11,728	0	0	0	0	0	0	0	11,728	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7)	0	0	20,418	0	0	0	0	0	0	0	20,411	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(406)	0	0	6,057	0	0	0	0	0	0	0	5,651	34
35	Rent-Equipment & Vehicles	369	0	0	1,520	0	0	0	0	0	0	0	1,889	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(44)	0	0	39,723	0	0	0	0	0	0	0	39,679	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(57,664)	(70,041)	295,287	39,723	0	0	0	0	0	0	0	207,305	45

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [xx] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	10a	Adjustment for Related Organization						2
3	V								3
4	V	19	Adjustment for Related Organization	247,116	Heritage Enterprises, Inc.	100.00%		(247,116)	4
5	V								5
6	V	10a	Adjustment for Related Organization	196,749	GreenTree Pharmacy	100.00%	373,824	177,075	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 443,865			$ 373,824	$ * (70,041)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.	100.00%	$ 4,370	$ 4,370	15
16	V	2	Food Purchase				0		16
17	V	3	Housekeeping				5	5	17
18	V	4	Laundry				0		18
19	V	5	Heat & Other Utilities				1,379	1,379	19
20	V	6	Maintenance				11,558	11,558	20
21	V	7	Other				0		21
22	V	9	Medical Director				0		22
23	V	10	Nursing & Medical Records				0		23
24	V	11	Activities				0		24
25	V	12	Social Service				0		25
26	V	13	Nurse Aide Training				1,553	1,553	26
27	V	14	Program Transportation				0		27
28	V	15	Other				0		28
29	V	17	Administrative				66,996	66,996	29
30	V	18	Directors Fees				4,974	4,974	30
31	V	19	Professional Services				13,819	13,819	31
32	V	20	Fees, Subscription, Promotions				4,206	4,206	32
33	V	21	Clerical & General Office Expenses				138,286	138,286	33
34	V	22	Employee Benefits & Payroll Taxes				35,993	35,993	34
35	V	23	Inservice Training & Education				1,165	1,165	35
36	V	24	Travel and Seminar				9,218	9,218	36
37	V	25	Other Admin. Staff Transportation				0		37
38	V	26	Insurance-Prop.Liab.Malpract				1,765	1,765	38
39	Total			$			$ 295,287	$ * 295,287	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Enterprises, Inc.	100.00%	$	$ 0	15
16	V	30	Depreciation					11,728	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					20,418	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					6,057	20
21	V	35	Rent-Equipment & Vehicles					1,520	21
22	V	36	Other					0	22
23	V	38	Medically Nec Transportation					0	23
24	V	39	Ancillary Service Centers					0	24
25	V	40	Barber and Beauty Shops					0	25
26	V	41	Coffee and Gift Shops					0	26
27	V	42	Other					0	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ * 39,723	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Susie Jefferson	Director	Management	15.86		10		Salary/BOD	$ 15,118	Ln 17 & 18	1
2	Tom Jefferson	Secretary	Management	16.21		10		Salary/BOD	0	Ln 17 & 18	2
3	Craig Hart	Chairman	Management	31.95		10		Salary/BOD	16,953	Ln 17 & 18	3
4	Cheryl Lowney	Executive Vice Presi	Management	0.49		40	100.00	Salary/BOD	10,095	Ln 17 & 18	4
5	Steve Wannemacher	President	Management	0.42		40	100.00	Salary/BOD	13,155	Ln 17 & 18	5
6	Connie Hoselton	Sr Vice President	Management	0.27		40	100.00	Salary	6,491	Ln 17 & 18	6
7	Craig Ater	Sr Vice President	Management	0.34		40	100.00	Salary	7,275	Ln 17 & 18	7
8	Ben Hart	Vice President	Management	3.20		40	100.00	Salary	2,883	Ln 17 & 18	8
9											9
10											10
11											11
12											12
13								TOTAL	$ 71,970		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [xx] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Heritage Enterprises
Street Address: 115 W. Jefferson
City / State / Zip Code: Bloomington,Il
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,612	25	$ 115,289	$ 115,276	99	$ 4,370	1
2	2	Food Purchase	Beds	2,612	25	7	0	99	0	2
3	3	Housekeeping	Beds	2,612	25	124	0	99	5	3
4	4	Laundry	Beds	2,612	25	0	0	99	0	4
5	5	Heat & Other Utilities	Beds	2,612	25	36,387	0	99	1,379	5
6	6	Maintenance	Beds	2,612	25	304,933	79,110	99	11,558	6
7	7	Other	Beds	2,612	25	0	0	99	0	7
8	9	Medical Director	Beds	2,612	25	0	0	99	0	8
9	10	Nursing & Medical Records	Beds	2,612	25	0	0	99	0	9
10	11	Activities	Beds	2,612	25	0	0	99	0	10
11	12	Social Service	Beds	2,612	25	0	0	99	0	11
12	13	Nurse Aide Training	Beds	2,612	25	40,976	40,976	99	1,553	12
13	14	Program Transportation	Beds	2,612	25	0	0	99	0	13
14	15	Other	Beds	2,612	25	0	0	99	0	14
15	17	Administrative	Beds	2,612	25	1,767,611	1,691,552	99	66,996	15
16	18	Directors Fees	Beds	2,612	25	131,223	0	99	4,974	16
17	19	Professional Services	Beds	2,612	25	364,592	0	99	13,819	17
18	20	Fees, Subscription, Promotions	Beds	2,612	25	110,958	0	99	4,206	18
19	21	Clerical & General Office Expens	Beds	2,612	25	3,648,522	3,385,972	99	138,286	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,612	25	949,625	0	99	35,993	20
21	23	Inservice Training & Education	Beds	2,612	25	30,747	0	99	1,165	21
22	24	Travel and Seminar	Beds	2,612	25	243,204	0	99	9,218	22
23	25	Other Admin. Staff Transportatio	Beds	2,612	25	0	0	99	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,612	25	46,560	0	99	1,765	24
25	TOTALS					$ 7,790,758	$ 5,312,886		$ 295,287	25

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,612	25	$	$	99	$	1
2	30	Depreciation	Beds	2,612	25	309,426		99	11,728	2
3	31	Amortization of Pre-Op & Org	Beds	2,612	25			99		3
4	32	Interest	Beds	2,612	25	538,695		99	20,418	4
5	33	Real Estate Taxes	Beds	2,612	25			99		5
6	34	Rent-Facility & Grounds	Beds	2,612	25	159,809		99	6,057	6
7	35	Rent-Equipment & Vehicles	Beds	2,612	25	40,093		99	1,520	7
8	36	Other	Beds	2,612	25			99		8
9	38	Medically Nec Transportation	Beds	2,612	25			99		9
10	39	Ancillary Service Centers	Beds	2,612	25			99		10
11	40	Barber and Beauty Shops	Beds	2,612	25			99		11
12	41	Coffee and Gift Shops	Beds	2,612	25			99		12
13	42	Other	Beds	2,612	25			99		13
14								99		14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,048,023	$		$ 39,723	25

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	LsSalle National Bank		xx	Mortgage	4640 plus Int	01/15/99	$	$ 1,553,901	01/15/06	variable	$ 87,626	1
2	LsSalle National Bank		xx	Mortgage							7,444	2
3												3
4												4
5												5
	Working Capital											
6	Central Office Allocation		xx	Working Capital							16,596	6
7	Central Office Allocation		xx	Working Capital								7
8												8
9	TOTAL Facility Related						$	$ 1,553,901			$ 111,666	9
	B. Non-Facility Related*											
10	Interest Income										(7)	10
11												11
12	Corporate Interest										20,418	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 20,411	14
15	TOTALS (line 9+line14)						$	$ 1,553,901			$ 132,077	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Heritage Manor-Mendota **#** 0038356 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2004 report.	$	27,397	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	29,007	2
3. Under or (over) accrual (line 2 minus line 1).	$	1,610	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	$	30,456	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	32,066	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	24,121	8
	2001	26,328	9
	2002	25,412	10
	2003	24,907	11
	2004	26,183	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2004	$		13
14	PLUS APPEAL COST FROM LINE 5	$		14
15	LESS REFUND FROM LINE 6	$		15
16	AMOUNT TO USE FOR RATE CALCULATION	$		16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Mendota COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0038356

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	01-34-100-020	Heritage Manor-Mendota	$ 29,007.00	$ 29,007.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 29,007.00	$ 29,007.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,555 B. General Construction Type: Exterior brick/wood Frame wood Number of Stories one

C. Does the Operating Entity? [xx] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [xx] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [xx] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 26,150	1
2					2
3	TOTALS			$ 26,150	3

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99				$ 697,500	$		$	$	$	4
5					408,657						5
6											6
7											7
8											8
	Improvement Type**										
9	1980 Improvements			1980	8,150						9
10	1981 Improvements			1981	20,492						10
11	1982 Improvements			1982	9,185						11
12	1983 Improvements			1983	5,682						12
13	1984 Improvements			1984	11,488						13
14	1985 Improvements			1985	7,710						14
15	1986 Improvements			1986	2,255						15
16	1987 Improvements			1987	9,037						16
17	1988 Improvements			1988	21,297						17
18	1989 Improvements			1989	4,653						18
19	1990 Improvements			1990	36,595						19
20	1991 Improvements			1991							20
21	1992 Improvements			1992	10,646						21
22	1993 Improvements			1993	62,261						22
23	1994 Improvements			1994	10,869						23
24	1995 Improvements			1995	18,523						24
25	Exterior Door			1996	2,563						25
26	Shower Tile			1996	806						26
27	Kitchen Heat/Cool Unit			1996	14,062						27
28	Resident Room Painting			1996	2,067						28
29											29
30											30
31											31
32											32
33											33
34	C/O Allocation							11,728	11,728		34
35	Book Depreciation					76,637		76,637		786,654	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Garbage Disposal	1997	$ 2,030	$		$	$	$	37
38	Generator	1997	39,380						38
39	Parking Lot Asphalt	1997	2,210						39
40	Shower	1997	701						40
41									41
42	Kitchen Drain	1998	3,245						42
43	Walk in Cooler Repair	1998	2,215						43
44	A/C Unit	1998	1,615						44
45	Landscaping	1998	4,696						45
46									46
47	Door Alarm System	1999	11,750						47
48	Air Conditioning Condensing Unit	1999	1,027						48
49	Water Softener	1999	4,493						49
50									50
51	Air conditioner (3)	2000	2,221						51
52	Sprinklers	2000	1,864						52
53	Resident Room Doors (45)	2000	1,724						53
54	Facility Remodel -- Materials (see attached detail)	2000	410,365						54
55	Facility Remodel -- Labor (see attached detail)	2000	4,030						55
56	Facility Remodel -- Professional Fees (see attached detail)	2000	23,932						56
57	Facility Remodel -- Interior Design (see attached detail)	2000	36,998						57
58	Water Softener	2000	4,713						58
59									59
60	Parking Spaces	2001	1,452						60
61	Water Heater	2001	2,847						61
62									62
63	Water Heater	2002	3,816						63
64	Wood door	2002	677						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,932,499	$ 76,637		$ 88,365	$ 11,728	$ 786,654	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 1,932,499	$ 76,637		$ 88,365	$ 11,728	$ 786,654	1
2									2
3	Furnace	2003	2,491						3
4	A/C Unit	2003	3,083						4
5	Condensing Unit	2003	1,353						5
6									6
7	Heat/Cool Unit	2004	2,498						7
8	Disposal	2004	989						8
9	Garage Repairs	2004	4,866						9
10	Compressor	2004	1,805						10
11	Emergency Outlets	2004	1,565						11
12	Furnace	2004	6,280						12
13									13
14	Exterior Door	2005	3,161						14
15	Holding Tank	2005	3,897						15
16	Smoke Detector	2005	1,919						16
17	A/C Unit	2005	4,248						17
18	Parking Lot	2005	68,313						18
19	Dumpster Pad	2005	1,547						19
20	Sidewalks	2005	7,850						20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,048,364	$ 76,637		$ 88,365	$ 11,728	$ 786,654	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 671,461	$ 44,577	$ 44,577	$		$ 553,738	71
72	Current Year Purchases	46,081						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 717,542	$ 44,577	$ 44,577	$		$ 553,738	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,792,056	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 121,214	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 132,942	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 11,728	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,340,392	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 2,091 Description:
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- COMMUNITY COLLEGE ☐
- HOURS PER CNA ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)		899		899
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 899	$	$ 899
10	SUM OF line 9, col. 1 and 2 (e)	$ 899			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 134,733	$		$ 134,733	1
2	Licensed Speech and Language Development Therapist		hrs			1,611			1,611	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			149,899	842		150,741	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				373,936		373,936	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):					39,399			39,399	13
14	TOTAL			$		$ 325,642	$ 374,778		$ 700,420	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Mendota **#** 0038356 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/05 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,829	$	1
2	Cash-Patient Deposits	12,003		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	459,983		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	30,663		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	2,149,487		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,654,965	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	26,150		13
14	Buildings, at Historical Cost	1,853,397		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	683,838		16
17	Accumulated Depreciation (book methods)	(1,340,392)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	620		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,223,613	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,878,578	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 62,870	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,003		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	150,577		30
31	Accrued Taxes Payable (excluding real estate taxes)	23,558		31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,456		32
33	Accrued Interest Payable	8,618		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 288,082	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	1,553,901		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,553,901	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,841,983	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,036,595	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,878,578	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor-Mendota **#** 0038356 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,144,155	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,144,155	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(107,560)	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (107,560)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,036,595	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,980,643	1
2	Discounts and Allowances for all Levels	(1,180,365)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,800,278	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	925,826	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 925,826	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	819	12
13	Barber and Beauty Care	8,869	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	406	16
17	Sale of Drugs	338,961	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	735	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 349,790	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	7	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 7	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,075,901	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	718,436	31
32	Health Care	2,090,889	32
33	General Administration	1,103,043	33
	B. Capital Expense		
34	Ownership	265,148	34
	C. Ancillary Expense		
35	Special Cost Centers	5,945	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,183,461	40
41	**Income before Income Taxes (line 30 minus line 40)****	(107,560)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (107,560)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,888	2,048	$ 52,131	$ 25.45	1
2	Assistant Director of Nursing	1,973	2,070	45,911	22.18	2
3	Registered Nurses	9,075	10,130	235,026	23.20	3
4	Licensed Practical Nurses	15,695	17,771	349,705	19.68	4
5	CNAs & Orderlies	55,421	59,289	625,092	10.54	5
6	CNA Trainees	100	100	899	8.99	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides			0		8
9	Activity Director					9
10	Activity Assistants	6,231	7,285	75,783	10.40	10
11	Social Service Workers	2,807	3,134	41,139	13.13	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	19,097	20,483	178,258	8.70	15
16	Dishwashers					16
17	Maintenance Workers	5,498	5,946	60,930	10.25	17
18	Housekeepers	8,424	9,039	80,256	8.88	18
19	Laundry	5,470	5,952	51,435	8.64	19
20	Administrator	1,900	2,080	78,295	37.64	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,617	10,558	134,820	12.77	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	143,196	155,885	$ 2,009,680 *	$ 12.89	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		8,400		36
37	Medical Records Consultant		280		37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,700		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		773		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 12,153		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	211	$ 6,315		50
51	Licensed Practical Nurses	618	15,451		51
52	Certified Nurse Assistants/Aides	0	0		52
53	TOTAL (lines 50 - 52)	829	$ 21,766		53

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Catherine McDowell	admin		$ 78,295
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 78,295

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Enterprises	Mgt Fee	$ 247,116
		0
		0
		0
Legal - Adjusted to Zero		6,425
		0
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 253,541

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 30,138
Unemployment Compensation Insurance	35,633
FICA Taxes	153,741
Employee Health Insurance	166,280
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Hepatitis Vaccine	266
Employee Benefits -	36,880
Employee Benefits - central office	35,993
TOTAL (agree to Schedule V, line 22, col.8)	$ 458,931

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	8,218
Health Care Worker Background Check	
(Indicate # of checks performed)	550
Central Office Allocation	4,206
Promotional Advertising	13,614
Public Relations	16,551
Dues and Subscriptions	8,370
License and Fees	445
Less: Public Relations Expense	(16,551)
Non-allowable advertising	(1,119)
Yellow page advertising	(13,614)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 20,670

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	5,306
	186
Seminar Expense	4,957
	(17,668)
	9,218
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Manor-Mendota # 0038356 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Heritage Manor-Mendota # 0038356 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **no**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **Illinois Healthcare Association**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **xx** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **54,202**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **yes** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **15,699**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Sulaski & Webb** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Not available**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

BASIC CHARGE-PRIVATE & VA	-3,593,435	
PRIVATE ASSESSMENT TAX INCOME		
BASIC CHARGE-IPA	0	
BASIC CHARGE-MEDICARE	0	
DAY CARE/HOME CARE		
LIGHT NURSING CARE	-75,711	
MEDIUM NURSING CARE		
HEAVY NURSING CARE	0	
SPECIALTY NURSING CARE		
NURSING SUPPLIES-PRIVATE	-261,503	
NURSING SUPPLIES-IPA		
NURSING SUPPLIES MED PT A		
NURSING SUPPLIES MED PT B		
DRUGS	-338,961	
DRUGS-OTHER		
PT-PRIVATE	-925,826	
PT-IPA		
PT-MEDICARE PART A		
PT-MEDICARE PART B		
PT-MEDICARE ASSESSMENT INC		
LABORATORY INCOME		
SPEECH/OT-PRIVATE		
SPEECH/OT-IPA		
SPEECH/OT-MED PART A		
SPEECH/OT MED PART B		
IPA DISCOUNTS	1,180,365	
MEDICAID PART B DISCOUNT		
MEDICARE DISCOUNTS		
ASSESSMENT TAX EXPENSE		
RENT INCOME	-806	
BEAUTY SHOP	-9,868	
ACTIVITY FUND INCOME	0	
ACTIVITY FUND EXPENSE	-919	
MANAGEMENT FEES		
EQUIPMENT RENTAL	-50,004	
RESIDENT TRANSPORTATION	0	
MISC INCOME	-735	
GENERAL & ADMINIST WAGES	128,004	134,820
ADMINISTRATOR WAGES	78,295	78,295
VACATION & SICK - G&A	6,856	
EMPLOYEE BENEFITS	14,775	422,930
EMPLOYEE HEPETITIS VACCINE	266	
EMPLOYEE SCHOLORSHIP WAC	13,866	
EMPLOYEE SCHOLORSHIP COST	6,199	
DIRECTORS FEES		
OFFICE EXPENSES	7,916	7,916
TELEPHONE	24,278	24,278
TRAINING & EMPLOYEE DEVL	1,892	1,892
GENERAL TRAVEL	5,306	10,449
MEAL EXPENSE FOR TRAVEL	186	
EDUCATION & SEMINAR	4,957	
HELP WANTED ADVERTISING	8,218	101,950
PROMOTIONAL ADVERTISING	13,614	
PUBLIC RELATIONS	14,511	
LICENSES & FEES	14,647	
DUES & SUBSCRIPTIONS	8,370	
CONTRIBUTIONS	185	
PROFESSIONAL FEES	4,425	372,541
AUDIT & ACCT FEES	8,480	8,480
UTILIZATION REVIEW	0	
OTHER PHYSICIAN FEES	0	
MEDICAL RECORDS CONSULT	280	
PHARMACIST FEES	2,700	
SOC SERV/ACT CONSULT	773	773
TV RENTAL	648	
INCOME TAXES		1,185
BACKGROUND CHECKS	550	
PAYROLL TAXES	182,157	
PAYROLL TAXES ADMINIST	7,217	
EMPLOYEE BENEFITS	145,398	
LIABILITY INSURANCE	62,779	62,779
INSURANCE-OWNERS		
WORKMENS COMP INSURANCE	38,138	
CENTRAL OFFICE FEES	247,116	
BAD DEBTS	1,000	
LOST ITEMS-RESIDENTS	0	
MISCELLANEOUS	0	
REAL ESTATE TAXES	32,066	32,066
LEASED EQUIPMENT	858	202
MAINTENANCE SALARIES	54,945	68,930
MAINTENANCE SICK & VAC	3,985	
ELECTRIC	63,592	85,510
NATURAL GAS	25,103	
HEATING & DIESEL OIL		
WATER & SEWER	17,815	
TRASH COLLECTION	10,584	33,928
PROPERTY PLANT REPLACEMN	8,062	27,227
GENERAL REPAIR & MAINT	19,495	
MAINTENANCE CONTRACTS	23,336	
DIETARY WAGES	169,579	178,258
DIETARY SICK & VAC	8,679	
SALES TAX		
FOOD PURCHASES	161,079	145,380
SUPPLIES-DISHWASHING	4,078	18,857
DIETARY REPLACEMENT	1,681	
DIETARY SUPPLIES-PAPER	13,109	
MEAL CREDIT	-15,600	
LAUNDRY WAGES	47,010	51,435
LAUNDRY SICK & VAC	3,625	
LAUNDRY REPLACEMENT	12,579	18,543
LAUNDRY REIMBURSEMENT		
LAUNDRY SUPPLIES	5,964	
HOUSEKEEPING WAGES	75,754	80,256
HOUSEKEEPING SICK & VAC	4,542	
HOUSEKEEPING SUPPLIES	9,080	18,582
HOUSEKEEPING SUPPLIES-PPR	9,502	
RN WAGES-MEDICARE		1,307,865
RN WAGES-NON MEDICARE	317,692	
RN BONUSES	15,000	
ADON	45,911	
RN SICK & VACATION	17,134	
LPN WAGES-MEDICARE	0	
LPN WAGES-NON MEDICARE	326,487	
LPN WAGES OTHER		
LPN SICK & VACATION	23,218	
AIDE WAGES-MEDICARE		
AIDE WAGES-NON MEDICARE	571,884	
WARD CLERKS		
AIDE VACATION & SICK	53,188	
CONTRACT NURSES-RN	6,120	
CONTRACT NURSES-LPN	14,451	
CONTRACT NURSES-AIDES	0	
NURSE AIDE TRAINING WAGES	899	899
NURSE AID TRAINING EXP	0	0
NURSE AIDE TRAINING REIMB	0	
REHAB WAGES	0	
REHAB SICK & VAC	0	
NURSING DEPT EDUCATION		
NURSING SUPPLIES	78,567	102,234
NURSING SUPPLIES	14,792	
REPLACEMENT-NURSING	6,875	
NURSING-OTHER	737	25,483
DRUG PURCHASES	98,549	197,763
DRUG PURCHASES-OTHER	98,549	
LABORATORY SERVICES	39,380	325,642
HOME HEALTH SALARY		
HOME HEALTH SICK & VAC		
HOME HEALTH EXPENSES		
ACTIVITIES WAGES	67,724	75,783
ACTIVITIES SICK & VAC	8,059	
ACTIVITIES SUPPLIES	4,818	4,818
ACTIVITIES FEES	0	0
PT WAGES		
PT SICK & VACATION		
PT FEES	149,899	
PT SUPPLIES	842	
SOCIAL SERVICE WAGES	37,683	41,139
SOCIAL SERVICE SICK & VAC	3,456	
SOCIAL SERVICE EXPENSES	150	150
OT FEE	134,733	
SOCIAL THERAPIST FEE	0	0
SPEECH THERAPY FEE	1,611	
BEAUTICIAN WAGES		0
BEAUTICIAN SICK & VAC		
BEAUTICIAN FEES	5,452	5,452
BEAUTY SHOP SUPPLIES	493	493
VOLUNTEER COORDINATOR		
VOL COORD SICK & VAC		
VOL COORD SUPPLIES	0	
RENT		0
INTEREST EXPENSE	104,222	111,666
DEPRECIATION	121,154	121,214
LOAN FEE AMORTIZATION	7,444	
INTEREST INCOME	-7	
MISC NON-OPERATING INCOME	0	
INCOME TAXES	0	
	6,183,454	6,183,461
		7
	107,560	
	(NET INCOME)	
	0	

						2,612	99	3,471,750	71,391,262	
	Name	Title	Function	Total Pay	ısted by Mgmt F	otal # Beds	acility # Be	on-Nursing Hor	Nursing Home	This Facility
###	Susie Jefferson	Director	Manageme	418,245	418,245			19,396	398,849	15,118
###	Tom Jefferson	Secretary	Manageme	0	0			0	0	0
###	Craig Hart	Chairman	Manageme	469,049	469,049			21,752	447,297	16,953
###	Cheryl Lowney	Executive Vice Presic	Manageme	279,290	279,290			12,952	266,338	10,095
###	Steve Wannemache	President	Manageme	363,969	363,969			16,879	347,090	13,155
###	Connie Hoselton	Sr Vice President	Manageme	179,584	179,584			8,328	171,256	6,491
###	Craig Ater	Sr Vice President	Manageme	201,279	201,279			9,334	191,945	7,275
	Ben Hart			79,758	79,758			3,699	76,059	2,883
13				1,991,174	1,991,174				1,898,834	71,970

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing